

PRIVACY RELEASE

NAME: _____ SSN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE. PHONE: _____

BIRTH DATE: _____ BIRTHPLACE: _____

I request the assistance of Senator Jeff Merkley and his staff with the following federal agencies:

I request help from Senator Merkley and his staff for the following reasons:

I hereby authorize Senator Merkley and his staff to contact the relevant federal agency or agencies to obtain information they require or desire in order to assist me in accordance with the provisions of the Privacy Act of 1974 (5 § 552a).

Signature: _____ Date: _____

Please complete and return to:
Office of U.S. Senator Jeff Merkley
121 SW Salmon St, Suite 1250
Portland, OR 97204
Fax (503) 326-2900